STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G613	A. BUILDING _____ B. WING _____	C 06/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIBSON COUNTY ARC 8TH ST	116 N 8TH ST PRINCETON, IN 47670

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This visit was for the investigation of complaints #IN00175393 and #IN00175241. Complaint #IN00175393: Unsubstantiated, due to lack of sufficient evidence. Complaint #IN00175241: Unsubstantiated, due to lack of sufficient evidence. This visit was in conjunction with the PCR (post certification revisit) to the recertification and state licensure survey completed on May 12, 2015. Dates of Survey: June 12, 15 and 16, 2015. Provider Number: 15G613 AIMS Number: 100245650 Facility Number: 001177 Gibson County Arc was found to be in compliance with 42 CFR Part 483, Subpart I and 460 IAC 9 in regard to the investigation of Complaints #IN00175393 and #IN00175241.	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE